



IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

CASE Kauffman D2253 CIP

SERIAL NO. 09/588,587

GROUP ART UNIT 2614

FILED June 6, 2000

EXAMINER Nathan A. Sloan

TITLE Ingress Detection and Characterization by  
Time/Frequency Map

COMMISSIONER OF PATENTS

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Enclosed is an amendment in the above-identified application:

[  ] No additional fee is required, as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS FOR FEE PURPOSES	30	MINUS	30	0	X \$18	0
INDEPENDENT CLAIMS	1	MINUS	1	0	X \$84	0
MULTIPLE DEPENDENT CLAIM(S) First presented with this amendment, if applicable					X\$280	0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0

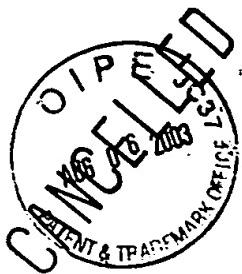
Please address all correspondence to Wendy W. Koba, P.O. Box 556, Springfield, PA 18081-0556.

Respectfully,

Wendy W. Koba

Wendy W. Koba  
Reg. No. 30509  
Attorney for Applicant(s)  
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Date: 8/5/03



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Patent Application for:



Applicants: Kauffman et al.

Atty. No: D2253 CIP

Title: Ingress Detection and Characterization  
by Time| Frequency Map

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Total Number of Pages in This Submission

Application Number	09/588,587
Filing Date	June 6, 2000
First Named Inventor	Kauffman
Art Unit	2614
Examiner Name	Nathan A. Sloan
Attorney Docket Number	DA253 CIP

ENCLOSURES (Check all that apply)	
<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s) 9 Formal
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks
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 After Allowance communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):1. Return receipt postcard  
2. Express Mail Cert. of Mailing

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Wendy W. Koba
Signature	<u>Wendy W. Koba</u>
Date	8/5/03

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Date	8/5/03

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